



Norman H. Bangertter

Governor

Dee C. Hansen

Executive Director

Dianne R. Nielson, Ph.D.

Division Director

# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340

DOGM  
MINERALS PROGRAM  
FILE COPY

June 30, 1989

CERTIFIED RETURN RECEIPT  
P 075 063 168

Mr. Jerry Glazier  
5M, Incorporated  
P.O. Box 752  
Hurricane, Utah 84737

Dear Mr. Glazier:

Re: Approval of Request for Time Extension, Final Reclamation Plan, 5M, Incorporated, Silver Reef Mine, M/053/002, Washington County, Utah

By letter dated June 6, 1989, the Division directed 5M, Incorporated to provide a \$46,790 reclamation surety for the Silver Reef minesite. On June 26, 1989, the Division received your letter requesting a more acceptable time frame for submittal of the \$46,790 reclamation surety be granted. You indicated that 5M, Inc. is presently facing very extenuating circumstances and that you believe you can meet our surety requirements in the very short term.

The Division will grant 5M, Inc. an additional 45 days from the date of this letter, or until August 15, 1989, to provide the required reclamation surety. This effectively grants the operator a 3 1/2 month extension beyond the initial May 1, 1989 deadline. No further time extensions will be granted by the Division.

Please be advised that failure to submit the reclamation surety to this Division by the required deadline will result in the issuance of an Order to Show Cause to appear before the Board of Oil, Gas and Mining. Issuance of Tentative Approval may be revoked and immediate reclamation of the present mining related disturbances required of 5M, Incorporated. Thank you for your cooperation in completing this permitting action.

Sincerely,

Lowell P. Braxton  
Associate Director, Mining

DWH/jb

cc: Barbara Roberts, Assistant Attorney General  
Minerals Team

MN3/47

an equal opportunity employer



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
(Extra charge) (Extra charge)

3. Article Addressed to:

JERRY GLAZIER  
5-M INC  
P O BOX 752  
HURRICANE UT 84737

4. Article Number

P 075 063 168

Type of Service:

- ☐ Registered      ☐ Insured  
☒ Certified      ☐ COD  
☐ Express Mail      ☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

7-5-89

8. Addressee's Address (ONLY if  
requested and fee paid)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE  
USE, \$300

RETURN  
TO



Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH

NATURAL RESOURCES

OIL, GAS, & MINING

3 TRIAD CENTER, SUITE 350

SALT LAKE CITY, UTAH 84180-1203



P 075 063 168

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

*(See Reverse)*

|   |    |
|---|----|
| Sent to <b>JERRY GLAZIER</b>                                    |    |
| <b>5-M INCORPORATED</b>   |    |
| Street and No.<br><b>P O BOX 752</b>                            |    |
| P.O., State and ZIP Code<br><b>HURRICANE UT 84737</b>           |    |
| Postage   | \$ |
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee   |    |
| Return Receipt showing<br>to whom and Date Delivered            |    |
| Return Receipt showing to whom<br>Date, and Address of Delivery |    |
| TOTAL Postage and Fees  | \$ |
| Postmark or Date  |    |



PS Form 3800, June 1985

JB

M/053/002

5-M INC